ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION 501 WOODLANE, SUITE 312 SOUTH LITTLE ROCK, AR 72201 PHONE (501) 683-8000

| BOARD USE ONLY | | | | | | |
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| APP Processed by | | | | | | |
| APP Reviewed by | | | | | | |

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WEBSITE <u>www.sbpce.org</u>

FORM 2015 - NEW PROGRAMS FOR CAREER SEMINAR SCHOOLS

No Fee

| Currently licensure. | | career | seminar | schools | must | complete | this | form | for | additional | program |
|----------------------|--------|--------|---------|---------|------|----------|------|------|-----|------------|---------|
| NAME OF | SCHOOL | | | | | | | | | | |

| N. | NAME OF SCHOOL | | | | | | | | | |
|----|---|--------|-------------|-----|----------|------|--------------|--|--|--|
| Α | ADDRESS (LOCATION) | | | | | | | | | |
| C. | CITY STATE ZIP | | | | | | | | | |
| 1. | List below in alphabetical order the program(s) you propose to offer, as well as the length and total cost of the program(s). (Total Cost = Registration Fee + Tuition) | | | | | | | | | |
| 2. | Indicate if t | hese p | rograms are | Clo | ck Hours | or 🗌 | Credit Hours | | | |

(Lines will expand as needed)

ATTACH ADDITIONAL FORM 2015 PAGES AS NEEDED.

| Program Title | Length of Program | Registration Fee | Tuition | Total Cost |
|---------------|----------------------|---------------------|---------|------------|
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STATEMENT OF COMPLIANCE

Under penalty of perjury, I declare and affirm that the statements made on this form and any attached sheets are true, complete, and accurate.

| Printed Name of Official | Title | |
|--------------------------|-------|--|
| | | |
| Signature of Official | Date | |